

# Rise to the Occasion- Basketball

## Deadline to Register June 11,2016

### WAIVER - PART I:

For office use: \_\_\_\_\_

I wish to participate in the Rise to the Occasion Basketball Camp **Ages 6-10 years old**. I give statement that I am in good health and there is no medical reason that I should not attempt such a feat. I recognize that participation in recreation activities, even when well supervised and managed, poses a risk to myself including disabilities, injuries, and death, and I agree to such risk. In case of an injury, I authorize the Rise to the Occasion Staff and participating sponsors to render first aid and/or obtain whatever medical treatment she/he deems necessary for my welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees. I agree that all exercises, activities shall be undertaken by me at my sole risk, and that the Rise to the Occasion Staff and participating sponsors shall not be liable for any claims, demands, actions, damages that occur to me or my property arising out of or connected with the use of services or activities and I do hereby expressly forever release and discharge Rise to the Occasion Staff and participating sponsors from all such claims demands, injuries, damages, actions or causes of action, and from all acts that are active or passive negligence on the part of Rise to the Occasion Staff and participating sponsors. **I do not, however,** release Rise to the Occasion Staff and participating sponsors from liability for intentional, willful, or wanton acts.

**I have read, understood, and agree to the terms and conditions of this release.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF RESPONSIBLE ADULT \_\_\_\_\_ Date: \_\_\_\_\_

### REGISTRATION - PART II:

NAME: \_\_\_\_\_ Youth T- Shirt Size: ☐ Xs ☐ Small ☐ Med. ☐ Large ☐ XL

ADDRESS: \_\_\_\_\_

HOME LOCATION: \_\_\_\_\_

PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ Age Verification ☐ (Leave Blank)

Emergency Contact 1 \_\_\_\_\_ Emergency Contact 2 \_\_\_\_\_

DO YOU HAVE A MEDICAL CONDITION THAT ORGANIZERS SHOULD BE AWARE OF? (optional):

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE  
(If participant is under the age of 18 years)

### AUTHORIZATION FOR USE OF VOICE, AUDIO, VIDEO, & PHOTO – PART III:

I \_\_\_\_\_, hereby release and authorize the Rise to the Occasion Staff, its assigns and/or clients, full right to use my voice, audio recording, video or photo for the purpose of advertising, marketing, or promotion in its behalf or in behalf of its clients.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

My signature here confirms that I am of Legal Age.

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If not of legal age, the following responsible adult has explained the above authorization to,  
\_\_\_\_\_ not being of legal age.

SIGNATURE OF RESPONSIBLE ADULT \_\_\_\_\_ Date: \_\_\_\_\_